SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737529

(8)

ORANGE CITY LITTLE LEAGUE, INC.

FILED
Jul 09 1998 8:00am
Secretary of State

ORANGE CITY LITTLE LEAGUE, INC.										
Principal Place of Business		Mailing Address				E ADDITE ERABB SITH HADAN DISHO HANG	i tali bibit bibit	DEBLI BIDII I		
1361 W. FRENCH AVENUE ORANGE CITY FL 32763		P.O. BOX 740365 ORANGE CITY FL 32763			-	3. Date Incorporated or Qualified 12/14/1976				
	· 					4. FEI Number 59-1743592			pplied For of Applicable	
2. Principal Place of Business 2a. Malling Address						5. Certificate of Status Desired		<del></del>	Additional	ヿ
21		26			<u> </u>			Fee R	equired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing	$\Box$	\$5.00		
City & State		City & State				Trust Fund Contribution		Added to		$\dashv$
23		28			- 1	7. Is this nonprofit corporation a homeowners association?				
Zip	Country Zip		Country			This corporation owes or has paid the current year Intangible				
24 25		29	30			Personal Property Tax due June 30. Yes		Yes	No	
	9. Name and Address of Currer	nt Registered Agent		04 1		0. Name and Address of New Re	gistered A	jent		コ
15550 6	DEADN W			81 Name	3					
LEFICS, GREGORY W			Ţ	82 Street Address (P.O. Box Number is Not Acceptable)						ヿ
165 S. OAK AVE. ORANGE CITY FL 32763				B3	<del></del>			<del></del>		-
ONVINCE	OH FL 32703		Ľ							
	<u> </u>		[	B4 City			FL	85 Zip	Code	7
Office of r	to the provisions of sections 617.0502 egistered agent, or both, in the State on familiar with, and accept the obligations.	oi Fiorida. Such change was au	thonzed b	v the como	orporation oration's b	submits this statement for the purpo oard of directors. I hereby accept the	one of chance	Ing its reg ant as reg	istered istered	7
	The tallfallar willi, and accopt the obligation	ions of section of 7.0003, Flore	da Statute	15.						1
SIGNATURE	Signature, typed or printed name of registered ager	st and title if applicable. (NO	TE: Registere	d Agent signat	ture required w	rhen reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12	_]®
TITLE	PD NOIAN DODEDT F	DELETE		1.1 TITLE				Change	Addition	(3)
NAME	NOLAN, ROBERT E   815 TANGELO AVENUE		1.2 NAA							3
STREET ADDRESS CITY-ST-ZIP	ORÂNGE CITY FL 32763		1	EET ADDRESS	•					K
TITLE	PAD PAD	DELETE	1.4 CITY 2.1 TITL		+		<del></del>	1		CR2E037 (5/98)
NAME	GREGORY, ROBERT	☐ DETEIE	2.2 NAA				L	_ Change	Addition	
STREET ADDRESS	LATE AND A COM			 Eet address	3					
CITY-ST-ZIP	ORANGE CITY FL		2.4 CITY							
TITLE	VPO	DELETE	3.1 TITL	E	1			Change	Addition	
NAME	RADER, ANGELA	<del></del>	3.2 NAM	IE				,		
STREET ADDRESS			3.3 STRI	EET ADDRESS	ذ					
CITY-ST-ZIP	ORANGE CITY FL		3.4 CITY		<del> </del>					╛
TITLE	SEC Pronovost, gina	DELETE	4.1 TITE					] Change	Addition	
NAME STREET ADODESS	465:LANCASTER AVENUE		4.2 NAM							
STREET ADDRESS	ORANGE CITY FL			ET ADDRESS	' [					
CITY-ST-ZIP TITLE	TD	DELETE	4.4 CITY 5.1 TITL		+		<del></del>	1 01		4
NAME	MIRDIK, CANDY	☐ DELETE	5.2 NAM					Change	Addition	
	1115 18TH STREET			EET ADDRESS						
CITY-ST-ZIP	ORANGE CITY FL		5.4 CITY							
TITLE	EMD	DELETE	6.1 TITL		<del> </del>			Change	Addition	-
NAME	FISCHER, BRIAN	٠٠٠٠٠٠٠٠٠٠٠٠	6.2 NAM	E			<b>L</b> .	) Augusta	LL AUGUON	
STREET ADDRESS	662 W. CENTRAL AVENUE		6.3 STRE	ET ADDRESS						1
CITY-ST-ZIP ORANGE CITY FL			6.4 CITY-ST-ZIP							
14. I hereby o	ertify that the information supplied with	this filing does not qualify for the	e exempti	on stated i	in section	119.07(3)(i), Florida Statutes. I furth	er certify tha	the infor	mation	1

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changedgor on an attachment with an address.

SIGNATURE:

BIOMATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-98

Daytime Phone #